BEST AVAILABLE COF

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|----------------------|--|------------------|---------------------|------------------------|-----|-------------------------------|------------------------|
| TOTAL CLAIMS | 127 | | | RATE | FEE | ſ | RATE | FEE |
| FOR | HUMBER FOLED | MAKE | MUNICER EXTRA | | 355.00 | OR | asic fee | 710.00 |
| TOTAL CHARGEABLE CLAIMS | CLAIMS 179 minus 20- | | -119 | | | OЯ | X\$18= | 2H2 |
| NOTE CLASS | | | 13 | | | OR | X80= | نابيوا |
| MACTIPLE DEPONDENT CLAIM PRESENT | | | | +135= | | OR | +270s | 270 |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | TOTAL | | OЯ | TOTAL | 4162 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | SHALL | HILLA | OR | OTHER SMALL | |
| CLAMS REMARKS REMARKS AFTER ALENDALENT REAL Tridependent - FREST PRESENTATION OF A | PE | RUBERY MARBER REVAOUSLY PAUD ROSE | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Real -23 | Mirus | 194 | • / | X3 9= | •/ | ОЯ | X\$18= | |
| Independent - | Minos | | | X40= | / | OR | 200= | |
| FIRST PRESENTATION OF A | ULIVE VEPEN | | إسلطس | +125a | | oa | +270= | |
| <i>i 1</i> | | | | YOTAL ADDIT, FEE | | OR, | TOTAL LDOIT, FEE | |
| 10/4/01 (Column 1) | | Column 2) | (Column 3) | | | | | |
| CUANS REMAINING AFTER AMERICANEM Total Total Independent - 24 | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total - 24 | Minus | 137 | -0 | X\$ 9× | | OR | X\$18= | |
| Independent - 2 | Minus | - /8 | -0 | X40- | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM | | | | +135= | | OR | +270= | |
| | | | - | ADDIT. FEE | | OR | TOTAL ADOIT, FEE | |
| 3/10/05 (COLUMN 1) | (| Column 2) | (Column 3) | | | | | |
| CLAUS | | HIGHEST HAMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total - 2 | Minus | 137 | -0 | X\$ 9= | | OR | X\$18- | |
| Independent • 2 | Minus - | - 18 | -0 | X40- | | ОЯ | X80= | |
| PLAST PRESENTATION OF | MULTIPLE DEPEN | DENT CLASS | | +135a | | CIR | +270= | |
| * If the entry is column 1 is less than the entry in column 2, write "I" in column 3. " If the Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "20." ADDIT. FEE "If the Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "3." "If the Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "3." ADDIT. FEE | | | | | | | | |

Parameter Testement Cities, U.S. DEPARTMENT OF COUNTRIES

THE COLUMN TWO IS NOT THE PERSON OF THE PERS

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 ï OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR FEE RATE RATE NUMBER FILED NUMBER EXTRA 385.° 5770.0 BASIC FEE OR (37 CFR 1.16(a)) x squ x s/8.0= **TOTAL CLAIMS** minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS \$43.0= x \$86.P= OR minus 3 =(37 CFR 1.16(b)) + 5290.= OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 3) SMALL ENTITY (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT ⋖ NUMBER RATE ADDI-REMAINING TIONAL **EXTRA** TIONAL **PREVIOUSLY AFTER** NDMENT FEE FEE AMENDMENT PAID FOR Minus Total OR (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus x s 86 OR w FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OF ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST RATE ADDI-PRESENT RATE ADDI-ന REMAINING MIMBER TIONAL **EXTRA** TIONAL PREVIOUSLY AFTER NDMENT FEE FEE PAID FOR AMENDMENT Minus Total OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR AME + 5290 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI- \circ NUMBER REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY** AFTER AMENDMENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR ,290 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP1O to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.